

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name City of San José		RECEIVED 2016 FEB 10 PM 2:59 Date Stamp California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Administrative Services Div.- Parks, Recreation & Neighborhood Services		
Designated Agency Contact (Name, Title) Veronica Schulte, Acting Senior Analyst		
Area Code/Phone Number (408)793-5597	E-mail veronica.schulte@sanjoseca.gov	
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$55.00

Event Description Valentine's Old School Throwback Jam Date(s) 02 / 12 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Schulte, Veronica
Official's Name (Last, First)

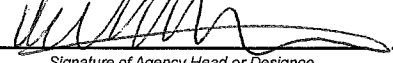
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
PRNS, ESD, Finance, City Auditor, & Retirement Services	18	Staff recognition for participation in the annual employee giving campaign as a committee member or department liaison.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Veronica Schulte	Acting Senior Analyst	2/8/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)